



UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH CAROLINA

**ATTORNEY NAME AND ADDRESS UPDATE FORM**

NOTE TO ATTORNEY: Please complete this form when *any* of the listed information should be updated in the Court's records.

ATTORNEY NAME: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

Fax completed form to: 864-241-2711  
Or mail completed form to: Clerk, U.S. District Court  
P.O. Box 10768  
Greenville, SC 29603

Attn: Data Quality Analyst